

ALASKA DRINKING WATER FUND PAYMENT REQUEST



Payment Number: _____ Date: _____

Loan Recipient _____ Project Number: _____

Name: _____

Address: _____

City, State, Zip _____

Project Title _____

Payee (where check should be sent if different from above)

Name: _____

Address: _____

City, State, Zip _____

Cost Breakdown

	Total Loan Amount	Previous Payments	Amount of this Request	Total Payment
Administrative	\$ _____	\$ _____	\$ _____	\$ _____
Engineering/Design	\$ _____	\$ _____	\$ _____	\$ _____
Inspection/Surveying	\$ _____	\$ _____	\$ _____	\$ _____
Construction	\$ _____	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____	\$ _____
Other (_____)	\$ _____	\$ _____	\$ _____	\$ _____

Total Loan Amount: \$ _____

Previous Payments: \$ _____

This Payment: \$ _____

Balance Remaining: \$ _____

Certification

I certify to the best of my knowledge and belief that the amount of funds I am requesting is in accordance with the terms of the loan offer and this request for payment represents the correct loan share due which has not been previously paid. The project is now approximately _____% complete.

Signature _____

Printed Name _____

Title _____